



DRIVER AND PLATE SEARCH (DAPS) ACCESS APPLICATION

MAIL OR FAX TO
DEPARTMENT OF LICENSING
DAPS ACCESS
PO BOX 2957
OLYMPIA, WA 98507
FAX: (360) 570-7895

This application should be completed by the Office Operations Manager or Supervisor.

AGENCY NAME
OFFICE NAME AND LOCATION
OFFICE MAILING ADDRESS
OFFICE CONTACT NAME (SUPERVISOR/MANAGER OF OFFICE OPERATIONS):
OFFICE CONTACT PHONE NUMBER
OFFICE CONTACT FAX NUMBER
OFFICE CONTACT E-MAIL ADDRESS
24-HOUR OFFICE PHONE NUMBER (IF APPLICABLE)
24-HOUR OFFICE E-MAIL ADDRESS (IF APPLICABLE)
WHAT SERVICE DOES YOUR OFFICE PROVIDE?
WHO DO YOU PROVIDE THIS SERVICE TO? (ATTACH ADDITIONAL PAGES IF NEEDED)

I declare, under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

PRINT OR TYPE NAME OF CONTACT PERSON

PLACE SIGNED

X

SIGNATURE OF CONTACT PERSON

DATE SIGNED

Please return this application to the address or fax number at the top of the form, along with a copy of documents appropriate to identify applicant (person signing) as an employee of your agency, i.e. employee ID, credentials, badge, etc.

FOR DOL USE ONLY

Application received _____ DATE	Reviewed by: X DRIVERS SERVICES
	X VEHICLE SERVICES
ACTION TAKEN: _____ APPROVED _____ DENIED	